NEW JERSEY INSURANCE EDUCATION PROVIDER/INSTRUCTOR/AUTHORIZED PERSONNEL APPROVAL APPLICATION

Mail to:	Department of Ba Licensing & Insur 20 West State St.			
	PO Box 329	25.0000		
	Trenton, NJ 0862	25-0329		Make checks payable to:
	New \$300 fee			State of New Jersey – General Treasury
	Renewal \$300 fee		addrooo outhorized nor	,
	Change (Change	of director, instructor, a	address, authorized per	Sonnei, etc.)
	approval for the p			ame listed on the application. The ider may not be used by any other
Provider Code:				
Address of Provid	ier:			
Name of Director:				
Producer Referen	ce Number of Dir	ector: (if applicable) _		
codes to issue ce regarding insurance the activities as a the imposition of administrative pena	rtificates or bank e education and un provider and that f penalties including alty or suspension idual from being a	insurance continuing of inderstand my responsibilities to comply with the gribut not limited to re- of my producer license director if his or her in	education credits. I h pility as the director. I use regulations governin evocation or suspension where applicable. I un	code or continuing education course have read N.J.A.C. 11:17-3.1 – 3.6 understand I am fully responsible for g insurance education may result in on of the approval and revocation, nderstand that N.J.A.C. 11:17-3.1(2) nse has been revoked, and I certify
	Director's Signatu	ıre		Date
			_	
	Print Name			
Authorities of Pro	vider: (Check all	applicable)		
Prelicensing:	Life Lim	☐ Health [ited Lines – Bail Bonds		Casualty Title Lines
Continuing Educa	ation: Life	Health	Property Surplus Lines	☐ Casualty☐ Limited Lines

Instructors: Name of Instructors (attach additional copies of this form if needed) Years of Insurance Experience 1. 2. 3. 4. For prelicensing education, select the authority for each instructor and attach the appropriate verifications(s): Life: Attach proof of passing the life instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university. Health: Attach proof of passing the health instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university. Property/Casualty: Attach proof of passing the property/casualty instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university. Attach proof of passing the title instructor exam or proof of status as a faculty member teaching insurance courses at an accredited college or university. Instructor Certification: The information contained on this application about me is true and accurate. I have read N.J.A.C. 11:17-3.1 – 3.6 regarding the rules for insurance education. I understand I must conduct and administer the courses I teach in a manner reasonably calculated to assure that certificates or reports of courses attended and completed accurately reflect the students' attendance and performance. I understand that the director is responsible for monitoring my compliance with the insurance education regulations and that violations of these regulations may result in the Department of Banking and Insurance imposing penalties that may include but are not limited to suspension or revocation of the provider approval and suspension or revocation of my New Jersey insurance producer license where applicable. I understand that <u>N.J.A.C.</u> 11:17-3.1(3) prohibits any individual form being an instructor if his or her insurance producer license has been revoked, and I certify that I have not had my insurance license revoked. 1. Print Name Date Instructor Signature 2. Print Name Instructor Signature Date 3. Print Name Date Instructor Signature

4.

Print Name

Date

Instructor Signature

Authorized Personnel: Authorized Personnel means any person designated by the insurance education provider and approved by the Department to be authorized to submit insurance education provider certification forms, schedules, course approval forms, and other information not specifically required to be provided by the insurance education director on behalf of the insurance education provider.

Authorize Personnel Information:			
Name:			
Residence Address:			
Telephone Number:	E-Mail Address:		
Department License Reference Number: (if applicable) _			
Signature of Authorized Personnel:		Date:	
Signature of Director		Date:	